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	Application Number	10/766,711		
TRANSMITTAL	Filing Date	January 27, 2004	L	
FORM	First Named Inventor	W. James JACKS	SON, et al.	
	Art Unit	1845		
(to be used for all correspondence after initial filing)	Examiner Name	P. Basker		
Total Number of Pages in This Submission 2	Attorney Docket Number	71515.100.999		
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		inat appry)	After Allowance Communication to TC	
	Orawing(s)		Appeal Communication to Board	
Fee Attached	icensing-related Papers		of Appeals and Interferences	
I Can Americanismortophy	Petition Petition to Convert to a		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
After Final	Provisional Application	· <u> </u>	Proprietary Information	
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Ad-	ddress	Status Letter Other Enclosure(s) (please identify	
Extension of Time Request	Terminal Disclaimer	لــا	below);	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm Name Dickinson Wright PLLC				
Signature Signature				
Printed name John M. Naber				
Date Degember 13, 2005	R	eg. No. 46,48	37	
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Typed or printed name Anita D. Brozell)	• • • • • • • • • • • • • • • • • • • •	Date December 13, 2005	

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Attorney Docket Number 71515.100.999

PTO/SB/82 (04-05)
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	Application Number	10/766,711
REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Filing Date	January 27, 2004
	First Named Inventor	W. James JACKSON, et al.
	Art Unit	1645
	Examiner Name	P. Baskar
	Att - a . D - sleet Needs as	24245 444 444

RECEIVED CENTRAL FAX CENTER I hereby revoke all previous powers of attorney given in the above-identified application. DEC 13 2000 A Power of Attorney is submitted herewith. OR 35161 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with 35161 Customer Number: OR Firm or Individual Name Address City State Zip Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 27 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATION of Applicant or Assignee of Record Signature Name Ŵ. Jam Date Telephone (301) 944-0290 NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below* "Total of 1 forms are submitted.

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